



COMPLETING AN ASSESSMENT PRIOR
TO DISCUSSING NUTRITION TOPICS

Leader Copy

Give neither advice nor salt, until you
are asked for it.
~English Proverb



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A lesson on requirements & strategies for completing an assessment prior to discussing nutrition topics.

- Who:** Participants: WIC Staff, range of 2-15 participants with a varying degree of WIC experience.
Leader: WIC Coordinator or Nutritionist
- Why:** Support local coordinators to review key areas of nutrition assessment and education practices with local staff. Review content identified from recent FNS State Technical Assistance Review (STAR) e.g. Washington's federal monitor. By completing this review, local staff will have increased knowledge and awareness about asking questions, waiting to offer information, and expectations for nutrition education.
- When:** A facilitated review of information and activities designed to be about 60 minutes - depending on the discussion and the number of staff attending.
- Where:** The session was designed for a WIC Classroom, meeting room or large office depending on the size of the group.
- What:** By the end of this session staff will have:
- Explored WIC requirements and best practices for asking assessment questions.
 - Identified concerns about offering information until a full assessment has been completed.
 - Reviewed rationale for completing the assessment before discussing nutrition topics with clients.
 - Sequenced steps for completing assessment questions and moving to nutrition education.
- Materials Needed:**
- A Facilitated Review - Leader copy
 - A Facilitated Review - Participant copy – 1 per participant
- Note:** Test Your Skills activity suggestion: cut the individual steps and have participants place them in the correct order.
- Flip chart paper and easel or whiteboard
 - **Computer with sound** for viewing Module 6 Moving from Assessment to Education at this link:
http://www3.doh.wa.gov/wic_training/Training1/CourseFiles/module6/index.html

- Background Reading for Leaders:**
- Washington State WIC Manual, Volume 1, Chapter 11 Assessment Questions policy:
<http://www.doh.wa.gov/cfh/wic/materials/clinic/manual/vol1ch11.pdf> (A copy of the Child Assessment Questions is provided for you in the Appendix.)
 - Completing the Full Assessment before Providing Education handout, adapted from Oregon WIC Listens, Oregon WIC Program, (in the Appendix of this guide)
 - The Heart of Behavior Change handout from 2008 State WIC Conference:
<http://www.doh.wa.gov/cfh/wic/materials/clinic/heart-of-change.pdf>
 - View the *Western Region WIC: WIC Listens – An Introduction to WIC Participant Centered Education (PCE) module 6 “Moving from Assessment to Education” at this link:
http://www3.doh.wa.gov/wic_training/Training1/CourseFiles/mod6/index.html
*Developed by Arizona and Oregon State WIC Programs
 - Washington State WIC Memo #2010-10 – Findings 3 and 4.
- References**
- Rollnick S, Miller W, Butler C (2007). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press.
 - Rollnick et al (2010). *Motivational Interviewing*. *British Medical Journal*. 340: c1900
- How:**
- Schedule review.
 - Review background information.
 - Review Leader Copy (*italicized print indicates leader speaking*).
 - Test computer for sound and to make sure the link to the video works.
 - Prepare materials needed.
 - Have fun!

Introduction**5 minutes**

Today, I will be reviewing key areas related to completing the nutrition assessment and providing nutrition education. Recently the state WIC office was monitored by USDA and they identified findings in these two areas. The state WIC office has asked us to review key information to help us follow WIC policy requirements and best practices for providing personalized nutrition services to our WIC families. Together we will explore these topics and discover strategies to improve our assessment and education practices.

By the end of this session you will have:

- *Explored WIC requirements and best practices for asking assessment questions.*
- *Identified concerns about offering information until a full assessment has been completed.*
- *Reviewed rationale for completing the assessment before discussing nutrition topics with clients.*
- *Sequenced steps for completing assessment questions and moving to nutrition education.*

Part 1**15 minutes****Asking the Assessment Questions**

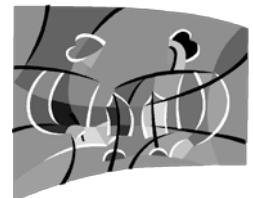
A complete nutrition assessment includes asking the Assessment Questions; obtaining anthropometric measures and assessing growth or weight gain; and obtaining a hemoglobin and assessing the value. A full assessment is completed so staff can determine nutrition risk and personalize the education, referrals, and food package for each client.

During the federal monitor, the USDA staff person observed clinic staff skipping assessment questions (and never asking) and paraphrasing some questions so they were leading or closed-ended.

The Assessment Questions are an important part of a complete nutrition assessment and asking them correctly helps staff collect the right information to assess the client's nutrition needs. Let's explore some key points about asking the Assessment Questions by doing a True or False activity.

- A. *Please take 2-3 minutes to review the statements on the Asking Assessment Questions handout (in Appendix of this guide) and determine if the statement is true or false. If the statement is true, place a "T" in the column. If the statement is false, place an "F" in the column.*

We will review the answers together.

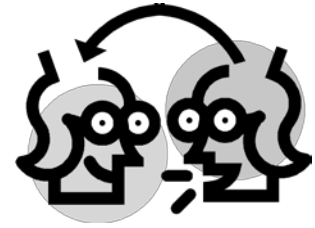


Call the group back after 3 minutes. Read each statement and review the answer. Use the Answers to Asking Assessment Questions handout (in Appendix of this guide) which provides additional content and explanation for each statement.

B. Take 2 minutes and share the following with a partner or in a trio:

What surprised you if anything?

We will hear a sample.



Part 2

10 minutes

Waiting to offer information

Now that we have reviewed how to ask the assessment questions let's look at another area identified by USDA.

During the federal monitor, the USDA staff person also observed clinic staff switching back and forth between asking the assessment questions and providing nutrition education, instead of offering education after the nutrition assessment is complete. This approach does not follow federal VENA policy. VENA policy requires staff to conduct a complete nutrition assessment and then individualize the nutrition education, referrals and food package based on the clients' needs.

Let's begin exploring this topic by discussing the following question:

"What concerns you about waiting until the assessment has been completed before offering information?"

*Please **share** in groups of two or three. You will have 3 minutes to talk with your partner(s) and then we will **hear** a sample.*

After three minutes, call the group back together.

Let's hear a sample of the concerns you shared.

Write the staff's responses on a whiteboard or flip chart paper supported by an easel.

Responses may include:

- If I don't answer the question, I may lose the client's interest.
- It is a "teachable" moment, the client is asking for this info. and wants me to share.
- I don't feel like I am meeting the client's need.
- If I don't answer the question now, I will forget.
- It feels awkward to tell the client to wait. I want to help now.
- I try to cover all of the topics the client asks about, because it is good to "plant lots of seeds".

*Thanks for sharing your concerns about waiting to offer information. It **can** be challenging. In this next section we will be taking a look at the reasons why waiting to offer information is important when looking at behavior change counseling.*

Part 3**20 minutes**

VENA policy reflects standard interviewing practices (e.g. asking open-ended questions, active listening, affirmations, etc.) that are essential for effective behavior change counseling. The most common method of behavior change counseling is Motivational Interviewing (MI). It is therefore helpful to look at what Motivational Interviewing (MI) experts say about “waiting to offer information.” Please read the information in the shaded box below. Underline or circle what stands out to you. We will hear a sample.

MI experts caution counselors against focusing too quickly on a problem or an aspect of a problem. Instead, MI experts advise counselors to take the time to obtain a complete and thorough assessment of the client’s needs and interests before educating. Developing a complete picture of the client prior to educating is essential for these reasons:

- Prevents the client from feeling “put off” because the counselor rushes in with her/his perspective or solution, instead of asking the client. The best solutions come *from* the client, not the counselor.
- Helps the counselor prioritize the client’s needs and concerns.
- Saves time because the counselor is able to focus on what is most important to the client.
- Allows the counselor to “correct” misinformation at the end of the session, so it doesn’t come across as criticism during the assessment and negatively influence the conversation.
- Provides information towards the end of the appointment, when it is more likely to be remembered by the client.

What stood out to you?

Today we have identified concerns about waiting to offer information until a full assessment is completed and we have heard why it is important. By waiting to give advice, we are able to obtain a complete picture of the client’s needs and the client experiences a more positive interaction. Waiting until the end of the assessment helps us find the most important things to talk about and to organize our conversation so it is meaningful and easy for the client to remember the key points. After all, the purpose of providing nutrition education is to help clients choose healthy behaviors.

- A. *It is good to know what the experts say, and the reasons behind waiting to offer information, but putting it into practice is often a different story. So, let's see it in practice by watching this video segment on "Moving from Assessment to Education".*

While **watching** the video, **write** down the following information in your Participant Copy:

- *Reasons to wait to educate*
- *Statements that can be used to delay counseling*

After viewing the video, call the group back. Discuss briefly any comments about the video.

- B. *In the video, we heard some statements that can be used to delay counseling. Additional statements that can be used to delay counseling are listed in the handout titled, "**Strategies for Assessment and Moving to Education**" found in the Appendix. Would someone like to read to the group the information in the section called "**During the Assessment Questions**"?*
- C. *After hearing these statements, consider the following question: "In thinking about your own counseling, what will you do or not do after hearing this information?" Write your answer in the Participant Copy.*

Allow 1 minute for staff to write down their answer in the Participant Copy.

Part 4	15 minutes
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So now that you have waited...what is the next step?

*So, now that we have reviewed **how** to ask the Assessment Questions, the importance of completing a full assessment and waiting to offer information, let's explore this transition from the assessment questions to providing nutrition education by doing a sequencing activity.*

- A. *Please pair up with another person and review the steps listed on the handout: **Test Your Skills – A Sequencing Activity**. Begin sequencing the steps for assessment and moving to education by numbering each step. Number 1 is the first step, 2 the second step, and so on. Take 4 minutes to discuss the steps and sequence them, then we will review the answers together.*

Note to leader: The answer key is provided, but there could be some flexibility in how some of the steps are sequenced.

After 4 minutes, call the group back together.

- B. *Let's review the sequence of steps together. Using the Answers to: **Test Your Skills – A Sequencing Activity** handout, review the step sequence.*

*As we have seen with this activity, it is important to distinguish specific time for assessment and education. To help you make these transitions, please take some time to review the other “scripted statements” on the handout, “**Strategies for Assessment and Moving to Education – Transitioning from assessment to counseling/education.**” Consider how to incorporate these statements into your counseling.*

C. Now, let’s spend a couple more minutes **viewing** the video again. This time **watch** closely for information about:

- Using blank circle charts to guide the education/nutrition discussion
- Using a summary statement to transition from assessment to education

Closing:

Ask the group to share:

- What are your thoughts about using blank circle charts?
- What is one thing that you will do differently after participating in this review?



Thank you all for participating in today’s in-service.

Part 5

10 minutes

Optional Activity: Role Play

Have staff members divide into pairs.

Decide which person will be the client and which will be the certifier/CPA (Competent Professional Authority).

1. Scenarios are provided in the Appendix: **Scenarios for Role-Play**. Staff can choose to use the ones provided or think of a scenario on their own.
2. Use paper copies of the Assessment Questions (found in Volume 1, chapter 11 or on the Washington WIC Website). A copy of the Child Assessment Questions is provided in the Appendix.
3. Practice using blank circle charts to document questions, risks and concerns that come up while asking the Assessment Questions (see blank circle charts in Appendix).
4. Practice using some of the statements from the handout, **Strategies for Assessment and Moving to Education**.

As the Assessment Questions are being asked:

The **certifier** can practice using the skills and statements discussed in this training to:

- Obtain answers to all the questions
- Wait to offer information
- Transition from the assessment to education
 - Summarize the questions, risks, and/or concerns
 - Ask client which topic she wants to talk about from circle chart
 - Ask client what other concerns or questions she has
 - Ask permission to talk about a concern or topic the client has
- Use the Ask, Provide, Ask technique
 - **Ask** what the client knows, or would like to know;
 - **Provide** or offer information in a neutral, non-judgmental manner; and
 - **Ask** about the client's thoughts, feelings, and reactions.

The **client** can

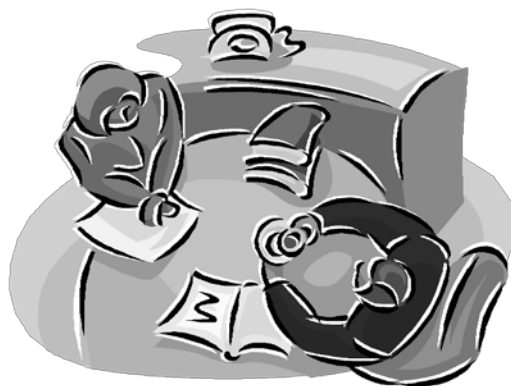
- Ask questions during the assessment

Ask staff to switch roles after 4 minutes.

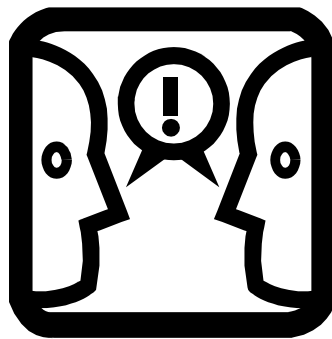
Note to leader: If not all staff are CPA's, decide the best way to complete the role-plays. For example, clerical staff may be the client for both role-plays.

After completing the role-plays, ask the group to **reflect** on the following question:

After this practice, how does this role-play compare to your usual way of completing the assessment and moving to education? What is similar? What is different?



Appendix



Asking the Assessment Questions

True (T) or False (F) Activity

Please review each statement below and place a T or F next to the statement depending on if the statement is true or false.

Use the Child's Assessment Questions for clarification of statement #3.

No.	T or F	Statement
1.		Once one risk is found, no other Assessment Questions (AQ) need to be asked of the client.
2.		You are required to get answers to all the assessment questions to identify the client's risks and conduct a complete nutrition assessment.
3.		When there is a group of questions listed together (Q#7), you only have to ask the first question. You do not need to ask all the questions.
4.		You must ask the questions <i>exactly</i> as they are written.
5.		If the client answers a question that appears farther down the screen/form, you don't have to ask the question again.
6.		A "comprehensive and thorough assessment" is completed by only asking the Assessment Questions.
7.		There is a <i>mandatory</i> question about breastfeeding that you must ask every pregnant woman.
8.		If you are pretty certain that a question does not apply to this client, you do not need to ask the question. (E.g. This client doesn't look like she would use drugs; I know this family well and know they are not being harmed.)
9.		The AQ were designed to keep the client from talking so much, so you (the certifier) can complete the appointment on time.

Answers to Asking Assessment Questions

T/F Answers

A.	F	<p>Once one risk is found, no other Assessment Questions (AQ) need to be asked of the client.</p> <p>Obtain a complete assessment. Ask all the Assessment Questions even if a risk is found early in the assessment.</p> <ul style="list-style-type: none"> • Ask the Assessment Questions at the certification, recertification and the infant health assessment. • Skipping assessment questions makes for an incomplete assessment process.
B.	T	<p>You are required to get answers to all the assessment questions to identify the client's risks and conduct a complete nutrition assessment.</p> <p>Federal regulations require us to conduct a complete nutrition assessment. This is done by:</p> <ul style="list-style-type: none"> • Assuring answers to all the Assessment Questions. • Obtaining the answer by asking probing questions (e.g. Tell me more...). • Identifying all the risks that apply.
C.	F	<p>When there is a group of questions listed together, you only have to ask the first question. You do not need to ask all the questions.</p> <p>Each question was developed to assess for a risk factor.</p> <ul style="list-style-type: none"> • All of the questions need to be asked.
D.	F	<p>You must ask the questions <i>exactly</i> as they are written.</p> <p>Keep the intent of the question if you use your "own voice."</p> <ul style="list-style-type: none"> • Ensure the question has the same meaning. • Keep it as an open question. • Avoid leading questions. • Know the nutrition risk criteria to understand the intent of the question.
E.	T	<p>If the client answers a question that appears farther down the screen/form, you don't have to ask the question again.</p> <p>You do not need to ask the question again.</p>

F.	F	<p>A “comprehensive and thorough assessment” is completed by only asking the Assessment Questions.</p> <p>A comprehensive and thorough assessment means obtaining:</p> <ul style="list-style-type: none"> • answers to all the Assessment Questions, • anthropometric measurements and assessing growth/weight gain, and • hemoglobin and assessing value. <p>After collecting this information and assessing it, you can identify nutrition risks and personalize nutrition services for the client.</p>
G.	T	<p>There is a <i>mandatory</i> question about breastfeeding that you must ask every pregnant woman.</p> <p>The question “What have you heard about breastfeeding?” is a mandatory question asked of every pregnant woman applying for WIC.</p> <ul style="list-style-type: none"> • The purpose of this question is to learn about the client’s thoughts about breastfeeding and begin talking to her about her plans to breastfeed.
H.	F	<p>If you are pretty certain that a question does not apply to this client, you do not need to ask the question. (E.g. This client doesn’t look like she would use drugs, I know this family well and know they are not being harmed.)</p> <p>All questions must be asked of the client/caregiver.</p>
I.	F	<p>The AQ were designed to keep the client from talking so much, so you (the certifier) can complete the appointment on time.</p> <p>The AQ are designed to be a tool for initiating conversation.</p> <ul style="list-style-type: none"> • The Assessment Questions are a blend of open and close-ended questions.

CHILD ASSESSMENT QUESTIONS

Question		Risk/purpose
I am going to ask you some questions about your child's health and nutrition; then we will come back and address any concerns or questions that you may have.		Rapport building
	How is your child doing?	Rapport building
1.	Has your doctor identified any health problems or medical conditions for your child? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2.	Has your child had any recent major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3.	Is your child taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4.	Do you give vitamins or other dietary supplements to your child? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5.	Does the water your child drinks have fluoride? • (If no) Do you give your child a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6.	Does your child have any problems with his/her teeth or gums, or unfilled cavities? • (If yes) Tell me more.	Severe Dental Problems
7.	What are your concerns about your child's eating? • How is your child's appetite? • Does your child feed her/himself? • What does your child do when hungry? And when full? • Does your child have any problems with choking or swallowing? • (If yes) Tell me more.	Not Supporting Development/ Feeding Relationship, Developmental Delays Affecting Chewing/Swallowing
8.	Does your child avoid or do you limit any foods (<i>for your child</i>) for any reason, including food allergies? • (If yes) Tell me more.	Very Restrictive Diet Food Allergy, Lactose Intolerance
9.	What type of milk does your child drink (soy, rice, goats milk, almond milk, non-dairy creamer)? • (If cow's milk) Is it non-fat, low-fat milk, or whole milk?	Reduced-fat or Non-fat Milk (12-23 months), Inappropriate Milk Substitutes
10.	What else does your child drink? (soda, sports drink, Kool Aid, sweetened tea) • How often?	Feeding Sugar-containing Drinks

CHILD ASSESSMENT QUESTIONS

Question		Risk/purpose
11.	Does your child use a bottle? A cup? <ul style="list-style-type: none"> How often does your child drink from the bottle/cup? What is in the bottle/cup? Does your child take a bottle/cup to bed? (If yes) What is in the bottle/cup? 	Inappropriate Use of Bottle/Cup
12.	Does your child: <ul style="list-style-type: none"> -Drink raw milk or fresh squeezed juice? -Eat soft cheeses such as feta, Brie, blue cheese, queso blanco, or queso fresco? -Eat rare or undercooked beef, pork, or poultry? -Eat raw seafood or hot dogs that haven't been heated? -Eat raw or runny eggs? 	Potentially Contaminated Foods
13.	Does your child eat things such as dirt, clay, paint chips, or starch? <ul style="list-style-type: none"> (If yes) Tell me more. 	Pica
We ask everyone the following questions, they have to do with health and safety.		Transition
14.	Does anyone smoke inside your home? <ul style="list-style-type: none"> (If yes) Tell me more. 	Secondhand Smoke
15.	Is there anyone in your life who is hurting you or your child(ren)? <ul style="list-style-type: none"> (If yes) Tell me more. 	Recipient of Abuse (past 6 months)
Note: During the risk interview consider the following additional risks that are not included in the previous questions: <ul style="list-style-type: none"> Slow Weight Gain Foster Care (past 6 months) Caregiver with Limited Ability to Make Feeding Decisions Caregiver Alcohol/Drug Addiction Migrancy Homelessness 		
If no risks have been identified, assign: <ul style="list-style-type: none"> Not Meeting Feeding Guidelines (12-23 months) Not Meeting Dietary Guidelines (2-5 years) 		

Test Your Skills

A Sequencing Activity

Review the steps and place the number in the “Step #” column to indicate the order the steps would be completed, from the beginning of the assessment questions to completing the nutrition discussion.

Step #	Steps for assessment and moving to education
	A. Summarize the assessment: Share with the client the questions, concerns, and risks identified during the assessment that you have written down on a note pad or blank circle chart. Ask the client if she has any other concerns or questions about her child’s eating or growth. Write the concerns down if more topics are shared.
	B. Set the agenda: “I am going to ask you some questions about your child’s health and nutrition; then we will come back and address any concerns or questions that you may have. You might see me taking down a few notes as we go through the questions. How does that sound to you?”
	C. Document the specific topics discussed on the Topics tab in Client Services.
	D. Obtain answers to all of the assessment questions. Document nutrition risks and other information as appropriate As you are asking the Assessment Questions, the client asks you a question. Thank the client for her good question and ask her if it is okay to write it down and come back to talk about it later.
	E. Discuss a topic the client has identified: Ask the client which of the topics (e.g. questions, concerns, or risks) she would like to talk about first. Ask what the client knows or would like to know about the selected topic. For example, if the client selected Picky Eating, ask her “What are your concerns about your child’s eating? Or “Tell me why you chose this topic.” Offer (provide) information in a neutral, non-judgmental way. For example: “The WIC program suggests...” Or “Other moms have found ...” Ask the client about her thoughts, feelings or reactions to the information you have offered. For example: “What do you think about this information?” Or “Based on these ideas, what are you thinking that you might do or not do at this point?”
	F. Close the conversation. For example, “Thank you for your willingness to share your challenges feeding your child. I trust that if and when you decide to make a change in this area, you will find a way to do it.”
	G. Discuss a topic that is important to discuss today: After talking about the client’s selected topic, ask if you can talk about another topic. For example, “Would it be okay to spend a few minutes talking about smoking during pregnancy?”

Note: Letter “G” helps the CPA address an important issue that was identified during the assessment and the client selects a different topic of interest.

Answers for Sequencing Activity:

Step #	Letter	Steps for assessment and moving to education
1	B.	Set the agenda: “I am going to ask you some questions about your child’s health and nutrition; then we will come back and address any concerns or questions that you may have. You might see me taking down a few notes as we go through the questions. How does that sound to you?”
2	D.	Obtain answers to all of the assessment questions. Document nutrition risks and other information as appropriate As you are asking the Assessment Questions, the client asks you a question. Thank the client for her good question and ask her if it is okay to write it down and come back to talk about it later.
3	A.	Summarize the assessment: Share with the client the questions, concerns, and risks identified during the assessment that you have written down on a note pad or blank circle chart. Ask the client if she has any other concerns or questions about her child’s eating or growth. Write the concerns down if more topics are shared.
4	E.	Discuss a topic the client has identified: Ask the client which of the topics (e.g. questions, concerns, or risks) she would like to talk about first. Ask what the client knows or would like to know about the selected topic. For example, if the client selected Picky Eating, ask her “What are your concerns about your child’s eating? Or “Tell me why you chose this topic.” Offer (provide) information in a neutral, non-judgmental way. For example: “The WIC program suggests...” Or “Other moms have found ...” Ask the client about her thoughts, feelings or reactions to the information you have offered. For example: “What do you think about this information?” Or “Based on these ideas, what are you thinking that you might do or not do at this point?”
5	G.	Discuss a topic that is important to discuss today: After talking about the client’s selected topic, ask if you can talk about another topic. For example, “Would it be okay to spend a few minutes talking about smoking during pregnancy?”
6	F.	Close the conversation. For example, “Thank you for your willingness to talk with me about your challenges feeding your child. I trust that if and when you decide to make a change in this area, you will find a way to do it.”
7	C.	Document the specific topics explored on the Topics tab in Client Services.

Strategies for Assessment and Moving to Education

Before the assessment questions

Introduce the assessment questions process/set the agenda:

- *I am going to start by asking you a variety of questions. We ask all clients the same questions and it helps us to learn about your needs. As we go through the questions, I will jot down a few notes so we can talk about them later. Does this work for you?*
- *I am going to ask you some questions about your child's health and nutrition then we will come back and address any concerns or questions you may have. You might see me taking down a few notes as we go through the questions. How does that sound to you?*

During the assessment questions

Phrases to use that can help delaying counseling/educating/giving advice:

- *Let me write that down so we can visit about that later.*
- *We'll come back to that.*
- *We'll talk about that more in a second.*
- *Good point, if it is okay with you, we'll talk about those in a moment.*
- *That is a great question, I would like to write that down and after we get through the questions, we can talk about it.*

What if the client asks a direct question?

- *Acknowledge the question*
- *Make a note*
- *Assure the client you will come back to it*

What if the client is not sure about what I am asking? Don't I need to tell them what they want to know?

- *Clarifying a question is not the same as educating or counseling. Sometimes when we hear a question, we want to start talking about that subject. Be careful when answering questions because we might start giving advice when the client is clearly not ready to hear it.*
- *For example, if a client is unsure about what "Pica" means, or why we might be asking about eating dirt, clay, ice, or starch, you can quickly share a little more about this topic – without educating about Pica.*
 - *This may be a good time to use: "Affirm, Add, Move on."*
 - *"This is something people ask about often. Pica is when someone craves and eats things that are not food. Thanks for asking about this."*
 - *You can also simply give a brief clarifying response: "Pica is when someone craves and eats things that are not food, like paint chips or large amounts of ice or sometimes dirt."*

Strategies for Assessment and Moving to Education

Transitioning from assessment to counseling/education

- *Refer back to your notes.*
- *Prioritize the clients concerns.*
- *Summarize the visit so far.*
- *Highlight possible topics for discussion that you noted on a circle chart or notepad.*
- *Ask the client to help narrow the focus, this helps the client leave with the information that is most helpful to them.*
- *Save education and information sharing until the end, when the client will leave with the information fresh in her mind.*

After completing the assessment questions

Starting the nutrition discussion:

- *First off, what questions or concerns do you have about how your child is growing or eating? (Always begin with the client's questions or concerns.)*
- *We have talked about a lot of different topics today, let's review them quickly. (Review each question, concern or risk identified during the assessment.) Which one would you like to talk about first?*
- *Based on your answers to the questions and the questions you asked, here are several topics we might talk about (show circle chart or list of items on note pad). Which topic would you like to talk today?*
- *On this chart (show circle chart) are some of the things we might talk about....*

TIP: It is not necessary to talk about every issue or concern identified. In fact, it is often too much information for the client. It is most meaningful for the client to focus on her most important issue. For some clients, you may be able to discuss two issues.

Bringing the client back to the focus topic

What if the client starts to tell a story or concern which takes us away from the main topic?

- *Use a technique called "Affirm, Add, and Move On. "Affirm the client so she feels good about contributing, Add a clear, concise amount of information, and Move on with a transition statement back to the topic". For example:*
 - ***Affirm:** "Yes, that is something we hear often," "I appreciate that you are bringing this up."*
 - ***Add:** "Many people find that is true..."; "Something to keep in mind..."; "You might check with your doctor about that..."*
 - ***Move on:** "Thanks for mentioning that. It is something other moms have questions about also."*

Strategies for Assessment and Moving to Education

If the client says that she does not want to discuss any of the topics you have shown:

- *Other moms with kids that are Billy's age (use child's name) often want to talk about _____ or _____. Would it be okay for me to share some information about one of these topics? (Add topics that are relevant for the client's category and age.)*
- *Would it be okay if we spend a few minutes talking about _____?*
- *If you are interested, I have a suggestion (an idea) for you to consider, Would you like to hear it?*

If you identify a topic or risk that is especially important to talk about... Ask permission!

- *Would it be okay if we spend a few minutes talking about _____?*
- *In addition to what we just talked about, would it be okay if I share some information about _____?*

Completing the Full Assessment before Providing Education

There are many advantages of completing a full assessment before educating. These include:

- Efficient use of time by focusing on the highest priority
- Helpful to *correct* misinformation at the end of a session so it doesn't come across as *criticism* during the conversation
- Bundled information is easier to remember than providing education after every statement or question

Definition of a full assessment: *Obtaining a full picture of the client's needs and concerns using active listening skills.*

Often during a certification, a client will ask a direct question or provide a natural opening to provide education before the assessment is complete. This poses a challenge to the certifier, who may immediately be tempted to jump into the educator mode. Of course, we want to be sure the client feels they have been heard, and doesn't feel put off, but ideally, we want to wait to educate until the full assessment is complete. Below are several strategies that may be helpful to consider to help staff complete a full assessment before offering information.

Strategies:

Set the agenda – Let the client know upfront what to expect e.g. that you have some questions to ask and there will be time to talk about her concerns afterwards.

- "I'd like to start by asking a few questions."
- "I want to be sure I don't miss anything."

If asked a direct question:

- Acknowledge the question
- Make a note on a circle chart, note pad, or other form and assure the client that you will come back to it
- Ask permission to continue with the assessment
- Redirect the question if it takes the conversation off track by summarizing and then returning the focus of the discussion. "Mary, that's a really interesting question about your sister's use of herbal supplements. That's not my area of expertise, so if it's OK with you, I'll see if I can find a resource for you. In the meantime, could we talk a little more about your concerns with your daughter's picky eating?"

Summarize and prioritize at the end of the assessment:

- Summarize the assessment by referring back to your notes
- Prioritize the client's concerns
- Offer education on prioritized needs and answer client's questions
- If you don't have the answer, let her know you will find the answer and get back to her
- Ask "Did I miss anything?" Or "Did I get everything?"
- Identify next steps as appropriate

Adapted from Oregon WIC Listens, Oregon WIC.

Scenarios for Role-Play

Directions: Read the role-play scenarios below and select one to use. Or use a client situation that you would like to try.

Role Play #1

Participant is a mother with a 14 month old child

The child:

- Generally is a good eater with a good appetite
- Takes a bottle of milk to bed
- Eats cold hotdogs routinely

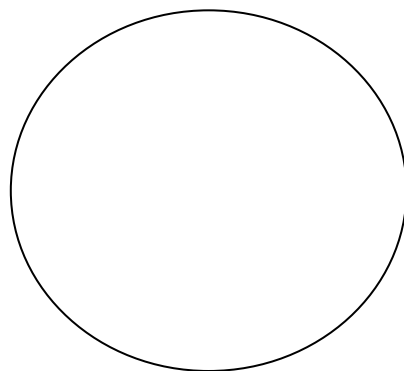
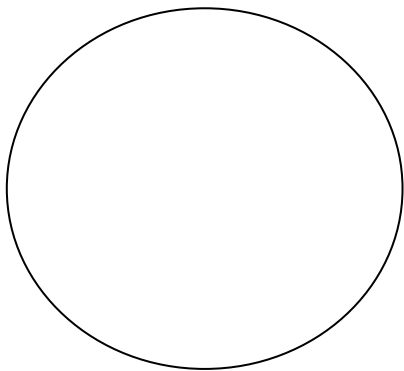
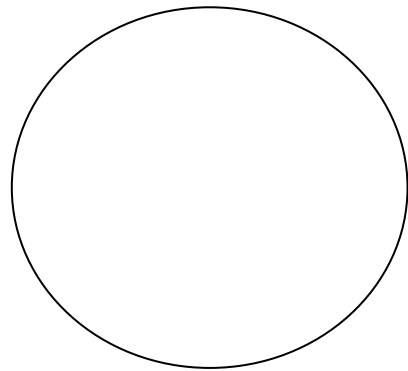
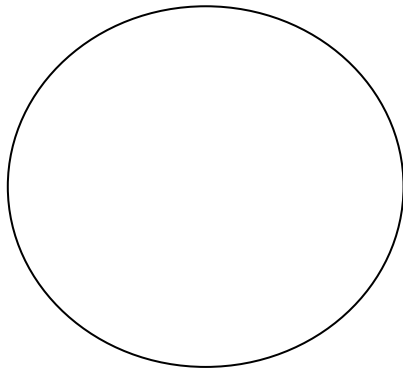
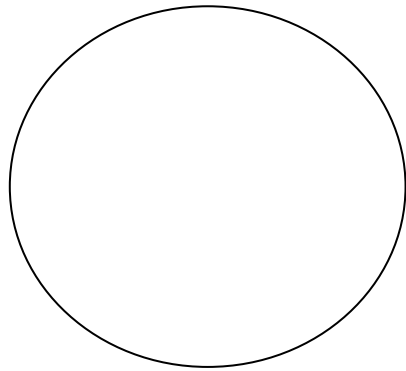
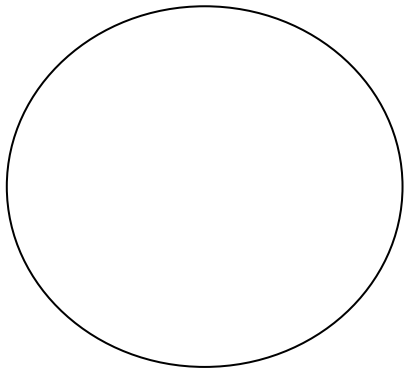
Role Play #2

Participant is a woman 12 weeks into her 1st pregnancy.

The woman:

- Has not started taking prenatal vitamins
- Doesn't have a good appetite since finding out she is pregnant.
- Smokes about a half pack of cigarettes a day

Circle Chart



A lesson on requirements & strategies for completing an assessment prior to discussing nutrition topics.

Introduction

5 minutes

Learning Objectives

By the end of this session, you will have:

- Explored WIC requirements and best practices for asking assessment questions.
- Identified concerns about offering information until a full assessment has been completed.
- Reviewed rationale for completing the assessment before discussing nutrition topics with clients.
- Sequenced steps for completing assessment questions and moving to nutrition education.

Part 1

15 minutes

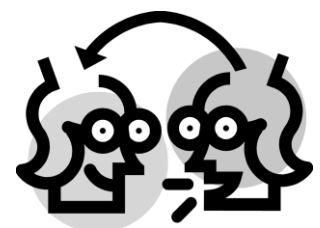
Asking the Assessment Questions

A complete nutrition assessment includes asking the Assessment Questions; obtaining anthropometric measures and assessing growth or weight gain; and obtaining a hemoglobin, and assessing the value. A full assessment is completed so staff can determine nutrition risk and personalize the education, referrals, and food package for each client.

During the federal monitor, the USDA staff person observed clinic staff skipping assessment questions (and never asking) and paraphrasing some questions so they were leading or closed-ended.

- A. Please take 2-3 minutes to review the statements on the Asking Assessment Questions handout (in Appendix of this guide) and determine if the statement is true or false. If the statement is true, place a "T" in the column. If the statement is false, place an "F" in the column.

We will review the answers together.



B. Take 2 minutes and share with a partner or in a trio the following:

What surprised you, if anything?

We will hear a sample.

Part 2	10 minutes
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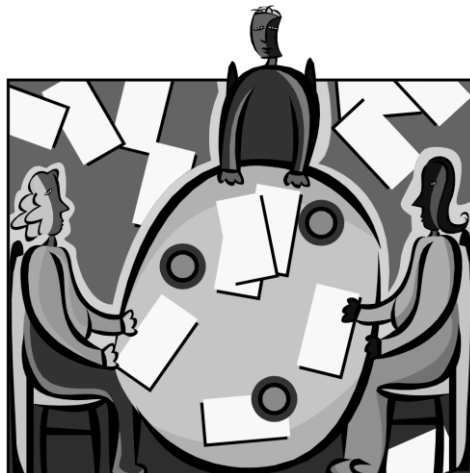
Waiting to offer information

During the federal monitor, the USDA staff person also observed clinic staff switching back and forth between asking the assessment questions and providing nutrition education, instead of offering education after the nutrition assessment is complete. This approach does not follow federal VENA policy. VENA policy requires staff to conduct a complete nutrition assessment and then individualize the nutrition education, referrals, and food package based on the clients' needs.

Explore this topic in groups of two or three, by **discussing** this question:

“What concerns you about waiting until the assessment has been completed before offering information?”

You will have three minutes to **talk** with your partner(s) and then we will **hear** a sample.



Part 3**20 minutes**

VENA policy reflects standard interviewing practices (e.g. asking open-ended questions, active listening, affirmations, etc.) that are essential for effective behavior change counseling. The most common method of behavior change counseling is Motivational Interviewing (MI). It is therefore helpful to look at what Motivational Interviewing (MI) experts say about “waiting to offer information.”

Please **read** the information in the box below. **Underline** or **circle** what stands out to you.

MI experts caution counselors against focusing too quickly on a problem or an aspect of a problem. Instead, MI experts advise counselors to take the time to obtain a complete and thorough assessment of the client’s needs and interests before educating. Developing a complete picture of the client prior to educating is essential for these reasons:

- Prevents the client from feeling “put off” because the counselor rushes in with her/his perspective or solution, instead of asking the client. The best solutions come *from* the client, not the counselor.
- Helps the counselor prioritize the client’s needs and concerns.
- Saves time because the counselor is able to focus on what is most important to the client.
- Allows the counselor to “correct” misinformation at the end of the session, so it doesn’t come across as criticism during the assessment and negatively influence the conversation.
- Provides information towards the end of the appointment, when it is more likely to be remembered by the client.

A. Let’s see it in practice by watching a video on “Moving from Assessment to Education.”

While **watching** the video, **write** down the following information:

- Reasons to wait to educate
- Statements that can be used to delay counseling

B. Let's **review** together some statements that can be used to delay counseling using the handout: "**Strategies for Assessment and Moving to Education.**"

C. After hearing these statements, **consider** the following question and **write** your answer:

"In thinking about your own counseling, what will you do or not do after hearing this information?"

Part 4**15 minutes****So now that you have waited...what is the next step?**

Let's explore this transition from the assessment questions to providing nutrition education by doing a sequencing activity.

A. Please pair up with another person, and review the steps listed on the handout: **Test Your Skills – A Sequencing Activity** (in the Appendix). Begin **sequencing** the steps for assessment and moving to education by numbering each step. Number 1 is the first step, 2 the second step, and so on.

Take 4 minutes to discuss the steps and sequence them.

B. We will review the answers together.

Additional reference: "**Strategies for Assessment and Moving to Education – Transitioning from assessment to counseling/education.**"

Consider how to incorporate these statements into your counseling.

C. We will now **view** the video again. As you are watching the video **look** for information about:

- Using **blank circle charts** to guide the education/nutrition discussion
- Using a **summary statement to transition** from assessment to education



- Use the Ask, Provide, Ask technique
 - **Ask** what the client knows, or would like to know;
 - **Provide** or offer information in a neutral, non-judgmental manner; and
 - **Ask** about the client's thoughts, feelings, and reactions.

The **client** can

- Ask questions during the assessment

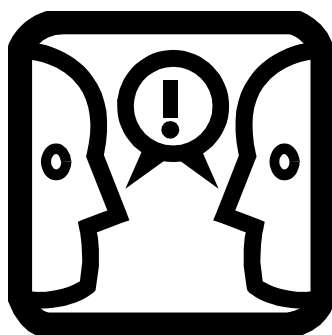
After this practice, how does this role-play compare to your usual way of completing the assessment and moving to education?

What is similar?

What is different?



Appendix



Asking the Assessment Questions

True (T) or False (F) Activity

Please review each statement below and place a T or F next to the statement depending on if the statement is true or false.

Use the Child's Assessment Questions for clarification of statement #3.

No.	T or F	Statement
1.		Once one risk is found, no other Assessment Questions (AQ) need to be asked of the client.
2.		You are required to get answers to all the assessment questions to identify the client's risks and conduct a complete nutrition assessment.
3.		When there is a group of questions listed together (Q#7), you only have to ask the first question. You do not need to ask all the questions.
4.		You must ask the questions <i>exactly</i> as they are written.
5.		If the client answers a question that appears farther down the screen/form, you don't have to ask the question again.
6.		A "comprehensive and thorough assessment" is completed by only asking the Assessment Questions.
7.		There is a <i>mandatory</i> question about breastfeeding that you must ask every pregnant woman.
8.		If you are pretty certain that a question does not apply to this client, you do not need to ask the question. (E.g. This client doesn't look like she would use drugs; I know this family well and know they are not being harmed.)
9.		The AQ were designed to keep the client from talking so much, so you (the certifier) can complete the appointment on time.

CHILD ASSESSMENT QUESTIONS

Question		Risk/purpose
I am going to ask you some questions about your child's health and nutrition; then we will come back and address any concerns or questions that you may have.		Rapport building
	How is your child doing?	Rapport building
1.	Has your doctor identified any health problems or medical conditions for your child? • (If yes) Tell me more.	<Select appropriate medical risk(s)>
2.	Has your child had any recent major surgeries or serious injuries or burns? • (If yes) Tell me more.	Recent Major Surgery, Trauma, Burns
3.	Is your child taking any medications? • (If yes) Tell me more.	Drug Nutrient Interactions
4.	Do you give vitamins or other dietary supplements to your child? • (If yes) What and how much?	Inappropriate or Excessive Supplements
5.	Does the water your child drinks have fluoride? • (If no) Do you give your child a fluoride supplement?	Inadequate Vitamin/Mineral Supplementation
6.	Does your child have any problems with his/her teeth or gums, or unfilled cavities? • (If yes) Tell me more.	Severe Dental Problems
7.	What are your concerns about your child's eating? • How is your child's appetite? • Does your child feed her/himself? • What does your child do when hungry? And when full? • Does your child have any problems with choking or swallowing? • (If yes) Tell me more.	Not Supporting Development/ Feeding Relationship, Developmental Delays Affecting Chewing/Swallowing
8.	Does your child avoid or do you limit any foods (<i>for your child</i>) for any reason, including food allergies? • (If yes) Tell me more.	Very Restrictive Diet Food Allergy, Lactose Intolerance
9.	What type of milk does your child drink (soy, rice, goats milk, almond milk, non-dairy creamer)? • (If cow's milk) Is it non-fat, low-fat milk, or whole milk?	Reduced-fat or Non-fat Milk (12-23 months), Inappropriate Milk Substitutes
10.	What else does your child drink? (soda, sports drink, Kool Aid, sweetened tea) • How often?	Feeding Sugar-containing Drinks

CHILD ASSESSMENT QUESTIONS

Question		Risk/purpose
11.	Does your child use a bottle? A cup? <ul style="list-style-type: none"> How often does your child drink from the bottle/cup? What is in the bottle/cup? Does your child take a bottle/cup to bed? (If yes) What is in the bottle/cup? 	Inappropriate Use of Bottle/Cup
12.	Does your child: <ul style="list-style-type: none"> -Drink raw milk or fresh squeezed juice? -Eat soft cheeses such as feta, Brie, blue cheese, queso blanco, or queso fresco? -Eat rare or undercooked beef, pork, or poultry? -Eat raw seafood or hot dogs that haven't been heated? -Eat raw or runny eggs? 	Potentially Contaminated Foods
13.	Does your child eat things such as dirt, clay, paint chips, or starch? <ul style="list-style-type: none"> (If yes) Tell me more. 	Pica
We ask everyone the following questions, they have to do with health and safety.		Transition
14.	Does anyone smoke inside your home? <ul style="list-style-type: none"> (If yes) Tell me more. 	Secondhand Smoke
15.	Is there anyone in your life who is hurting you or your child(ren)? <ul style="list-style-type: none"> (If yes) Tell me more. 	Recipient of Abuse (past 6 months)
Note: During the risk interview consider the following additional risks that are not included in the previous questions: <ul style="list-style-type: none"> Slow Weight Gain Foster Care (past 6 months) Caregiver with Limited Ability to Make Feeding Decisions Caregiver Alcohol/Drug Addiction Migrancy Homelessness 		
If no risks have been identified, assign: <ul style="list-style-type: none"> Not Meeting Feeding Guidelines (12-23 months) Not Meeting Dietary Guidelines (2-5 years) 		

Test Your Skills

A Sequencing Activity

Review the steps and place the number in the “Step #” column to indicate the order the steps would be completed, from the beginning of the assessment questions to completing the nutrition discussion.

Step #	Steps for assessment and moving to education
	A. Summarize the assessment: Share with the client the questions, concerns, and risks identified during the assessment that you have written down on a note pad or blank circle chart. Ask the client if she has any other concerns or questions about her child’s eating or growth. Write the concerns down if more topics are shared.
	B. Set the agenda: “I am going to ask you some questions about your child’s health and nutrition; then we will come back and address any concerns or questions that you may have. You might see me taking down a few notes as we go through the questions. How does that sound to you?”
	C. Document the specific topics discussed on the Topics tab in Client Services.
	D. Obtain answers to all of the assessment questions. Document nutrition risks and other information as appropriate As you are asking questions, the client asks you a question. Thank the client for her good question and ask her if it is okay to write it down and come back to talk about it later.
	E. Discuss a topic the client has identified: Ask the client which of the topics (e.g. questions, concerns, or risks) she would like to talk about first. Ask what the client knows or would like to know about the selected topic. For example, if the client selected Picky Eating, ask her “What are your concerns about your child’s eating? Or “Tell me why you chose this topic.” Offer (provide) information in a neutral, non-judgmental way. For example: “The WIC program suggests...” Or “Other moms have found ...” Ask the client about her thoughts, feelings or reactions to the information you have offered. For example: “What do you think about this information?” Or “Based on these ideas, what are you thinking that you might do or not do at this point?”
	F. Close the conversation. For example, “Thank you for your willingness to share your challenges feeding your child. I trust that if and when you decide to make a change in this area, you will find a way to do it.”
	G. Discuss a topic that is important to discuss today: After talking about the client’s selected topic, ask if you can talk about another topic. For example, “Would it be okay to spend a few minutes talking about smoking during pregnancy?”

Strategies for Assessment and Moving to Education

Before the assessment questions

Introduce the assessment questions process/set the agenda:

- *I am going to start by asking you a variety of questions. We ask all clients the same questions and it helps us to learn about your needs. As we go through the questions, I will jot down a few notes so we can talk about them later. Does this work for you?*
- *I am going to ask you some questions about your child's health and nutrition then we will come back and address any concerns or questions you may have. You might see me taking down a few notes as we go through the questions. How does that sound to you?*

During the assessment questions

Phrases to use that can help delaying counseling/educating/giving advice:

- *Let me write that down so we can visit about that later.*
- *We'll come back to that.*
- *We'll talk about that more in a second.*
- *Good point, if it is okay with you, we'll talk about those in a moment.*
- *That is a great question, I would like to write that down and after we get through the questions, then we can talk about it.*

What if the client asks a direct question?

- *Acknowledge the question*
- *Make a note*
- *Assure the client you will come back to it*

What if the client is not sure about what I am asking? Don't I need to tell them what they want to know?

- *Clarifying a question is not the same as educating or counseling. Sometimes when we hear a question, we want to start talking about that subject. Be careful when answering questions because we might start giving advice when the client is clearly not ready to hear it.*
- *For example, if a client is unsure about what "Pica" means, or why we might be asking about eating dirt, clay, ice, or starch, you can quickly share a little more about this topic – without educating about Pica.*
 - *This may be a good time to use: "Affirm, Add, Move on."*
 - *"This is something people ask about often. Pica is when someone craves and eats things that are not food. Thanks for asking about this."*
 - *You can also simply give a brief clarifying response: "Pica is when someone craves and eats things that are not food, like paint chips or large amounts of ice or sometimes dirt."*

Strategies for Assessment and Moving to Education

Transitioning from assessment to counseling/education

- *Refer back to your notes.*
- *Prioritize the clients concerns.*
- *Summarize the visit so far.*
- *Highlight possible topics for discussion that you noted on a circle chart or notepad.*
- *Ask the client to help narrow the focus, this helps the client leave with the information that is most helpful to them.*
- *Save education and information sharing until the end, when the client will leave with the information fresh in their mind.*

After completing the assessment questions

Starting the nutrition discussion:

- *First off, what questions or concerns do you have about how your child is growing or eating? (Always begin with the client's questions or concerns.)*
- *We have talked about a lot of different topics today, let's review them quickly. (Review each question, concern or risk identified during the assessment.) Which one would you like to talk about first?*
- *Based on your answers to the questions and the questions you asked, here are several topics we might talk about (show circle chart or list of items on note pad). Which topic would you like to talk today?*
- *On this chart (show circle chart) are some of the things we might talk about....*

TIP: It is not necessary to talk about every issue or concern identified. In fact, it is often too much information for the client. It is most meaningful for the client to focus on her most important issue. For some clients, you may be able to discuss two issues.

Bringing the client back to the focus topic

What if the client starts to tell a story or concern which takes us away from the main topic?

- *Use a technique called "Affirm, Add, and Move On." "Affirm the client so she feels good about contributing, Add a clear, concise amount of information, and Move on with a transition statement back to the topic". For example:*
 - ***Affirm:** "Yes, that is something we hear often," "I appreciate that you are bringing this up."*
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If you identify a topic or risk that is especially important to talk about... Ask permission!

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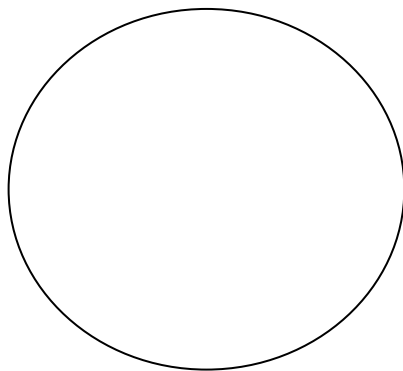
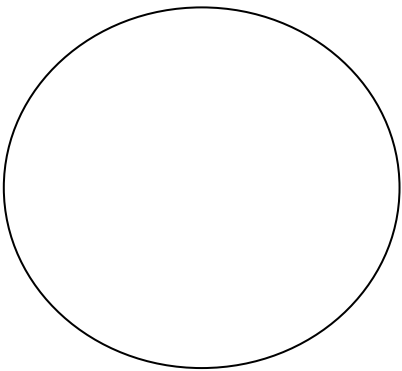
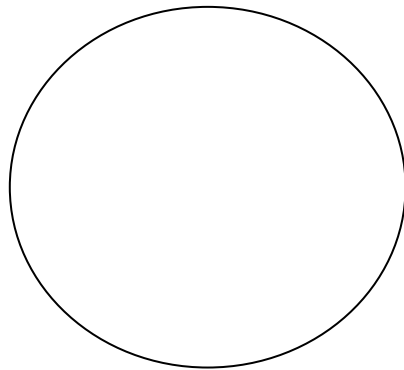
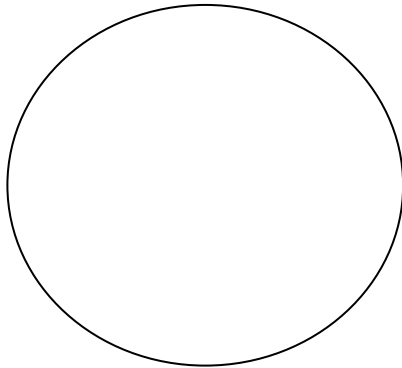
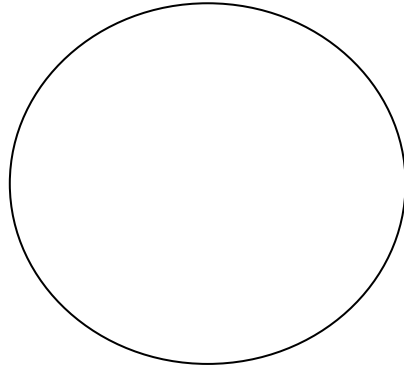
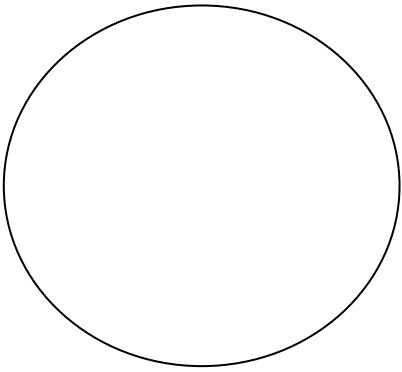
Role Play #2

Participant is a woman 12 weeks into her 1st pregnancy.

The woman:

- Has not started taking prenatal vitamins
- Doesn't have a good appetite since finding out she is pregnant.
- Smokes about a half pack of cigarettes a day

Circle Chart



Give neither advice nor salt, until you are asked for it.
~ English Proverb

1. What did you like about this training in-service?
2. With 1 being low and 10 being high, on a scale of 1 to 10; how confident are you in using the information presented in the in-service? Why did you choose this number?
3. After receiving this training, name one thing you will do differently.
4. What additional information or training do you need on this topic?